



**CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY
AND
QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP**
(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

1. The name of the limited liability partnership is:

2. It's prior name, if any, was:

3. The street address of its chief executive office is:

4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:

5. The names and mailing addresses of all partners (attached sheets may be added):

Name

Address

6. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

7. The mailing address for future correspondence is:

8. The above-named partnership elects to be a limited liability partnership.

9. Future effective date (optional) _____

10. Signatures of at least 2 partners:

1) _____

Typed Name

2) _____

Typed Name

Secretary of State use only

g:\corporate\forms\partnership_auth_llp_comb.pmd

Revised 02/2003

INSTRUCTIONS

Optional: If the document is incorrect where can you be reached for questions? _____

Note: Complete and submit the application in duplicate.

Line 1 - Enter the name of the partnership. The name of the partnership shall not include words of organization which deceptively imply that the partnership is a different kind of legal entity and shall not be the same as or deceptively similar to the name of another legal entity filed with the Secretary of State's Office.

Line 2 - If a statement of partnership authority was previously filed with the Secretary of State's office enter the name on such statement and the date it was filed.

Line 3 - Enter the street address of its chief executive office (not a PO Box or Personal Mail Box)

Line 4 - If the partnership does not have an office in this state, the name and street address of its registered agent in Idaho (not a PO Box or Personal Mail Box). The registered agent is the person who will receive service of process upon litigation. This person must be located in Idaho at a physical address.

Line 5 - List the name and mailing address of all partners.

Line 6 - Enter only the names of the partners authorized to execute transferring of real property in the name of the partnership.

Line 7 - The mailing address to which you would like future correspondence to be sent from the Secretary of State's office.

Line 9 - You may enter a future effective date. If no date is indicated, the effective date is the date of filing.

Line 10 - Requires the signature of at least 2 partners.

Enclose the appropriate fee:

- a. If the application is typed the fee is \$100.00.
- b. If the application is not typed or a non-standard form is used, the fee is \$120.00.
- c. If expedited service is requested, add \$20.00 to the filing fee.
- d. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:
Office of the Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's Office at (208) 334-2301.